2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# M05000005848

Entity Name: MACDADDI 2, LLC

Current Principal Place of Business:

8784 STATION STREET
FISHERS, IN 46038

New Principal Place of Business:

Current Mailing Address:

8784 STATION STREET
FISHERS, IN 46038

New Mailing Address:

FEI Number: 20-3237819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BROWN, SCOTT J
Address: 12996 MARINER COURT
City-St-Zip: MCCORDSVILLE, IN 46055

Title: MGRM ( ) Delete
Name: WHELAN, JUSTIN B
Address: 12310 BRIDGEWATER ROAD
City-St-Zip: INIDANAPOLIS, IN 46256

Title: MGRM ( ) Delete
Name: WHELAN, PETER J
Address: 5070 PARICE DRIVE
City-St-Zip: SUWANEE, GA 30024

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WHELAN, PETER J
Address: 5070 PRICE DRIVE
City-St-Zip: SUWANEE, GA 30024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUSTIN B. WHELAN III MGRM 01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date